	PATENT AP	PLICATION Effective	I FEE DE	TERMI r 1, 20	INATIOI 03	N RECOI	RD		API	olication o	_	4,488 ———	1
CLAIMS AS FILED - PART I					-			MALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							.	RAT	E	FEE		RATE	FEE
			NUMBER FILED .		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
FOR CLAIMS			minus 20=		•			XS S			OR	X\$18=	
TOTAL CHARGEABLE CLAIMS					4							X86=	•
NDEPENDENT CLAIMS			minus 3 =				' !	X43			OR		
MULTIPLE DEPENDENT CLAIM PRESEN								+14	=		OR	+290=	
lf th	ne difference in	n column 1 is l	ess than ze	ro, ente	r "0" in co	lumn 2		TOT	AL		OR	TOTAL	
	CL	AIMS AS A	MENDED					SMA	LL I	ENTITY	OR	OTHER SMALL	
		(Column 1)			mn 2) ÆST	(Column 3)	1			ADDI-			ADDI-
4	19/05	CLAIMS REMAINING AFTER		NUL	IBEA OUSLY	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL
WEN-	102	AMENDMENT	· · · · · · · · · · · · · · · · · · ·		FOR 2.0	= /.	1	XS	9=	, , ,	OR	X\$18=	
E L	Total .	. 20	Minus		3	- /·	┨				1	X86=	
	Independent	Minus	PENDEN	IT CLAIM		1	X4:)= 		OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDEN							+14	5=		OR		
								TOOGA	TAL FEE		OR	ADDIT. FE	<u> </u>
		(Column 1)_		(Cole	umn 2)	(Column 3	3)_			-			1 1001
118		CLAIMS REMAINING AFTER		NU PREV	MEST MBER MOUSLY D FOR	PRESENT EXTRA		FA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	AMENDMENT	Minus	**		=		XS	9=		OR	X\$18=	
END	Independent	*	Minus	-		*		X4	3=		OF	X86=	
MA	FIRST PRESENTATION OF MULTIP			PENDE	NT CLAIM			41	 45=		OF		
					٠.				OTA		OF	101/	<u></u>
								ADDI	r. FEI	: 	_J_	ADOIT. FI	
•		(Column 1)			lumn 2) GHEST	(Column	31		_	ADDI-	7		ADDI
T C		CLAIMS REMAINING AFTER		PRE	UMBER VIOUSLY UD FOR	PRESENT EXTRA		R	ATE.	TIONA		RATE	
MEN		AMENDMENT	Minus	**	40 ron	=		×	9=			X\$18	=
AMENDMENT	Total Independ nt		Minus	244		*	ヿ		43=	-	o	YOS	
M	FIRST PRESENTATION OF MULTIPLE DEPEN			EPENDE	DENT CLAIM					-	-1	200	
_	W. C.					•		<u> </u>	.45=			'L	
	If the entry in col	umn 1 is less than umber Previously	the entry in or Paid For IN T	olumn 2.1 HIS SPA	wrke "0" in c CE is less t	xolumn 3. van 20, enter	.50:	ADD	101/ IT. FE	E	0	ADDIT. F	EEL
•						- 7	- •						
•	" If the "Highest N "If the "Highest N The "Highest No	tumber Previously tumber Previously I	Paid For INT	ntis spa I or Indec	CE is less to endent) is t	han 3, enter he highest nu	o. mbe	r tound i	n the	appropriate	box In	column 1.	